

**MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH**

Do not use this space.

35304

**1. PLACE OF DEATH**

County Saline  
Township East Bond  
City Sweet Springs (No. 2)

Registration District No. 801  
Primary Registration District No. 4480

File No. \_\_\_\_\_  
Registered No. \_\_\_\_\_  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

(a) Residence, No. \_\_\_\_\_  
(Usual place of abode)

St. \_\_\_\_\_ Ward \_\_\_\_\_

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 6 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Child  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 26-1927  
7. AGE YEARS 5 MONTHS 10 DAYS 10 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at home  
10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) Sweet Springs (STATE OR COUNTRY) Mo

13. NAME Rudy Krause

14. BIRTHPLACE (CITY OR TOWN) Saline Co (STATE OR COUNTRY) Mo

15. MAIDEN NAME Nellie Hartman

16. BIRTHPLACE (CITY OR TOWN) Saline Co (STATE OR COUNTRY) Mo

17. INFORMANT Rudy Krause (ADDRESS) Sweet Springs, Mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE Harmon DATE Oct 8, 1933

19. UNDERTAKER R. C. Carter (ADDRESS) Sweet Springs Mo

20. FILED 10-7 1933 Rose C. Harmon Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 7, 1933

22. I HEREBY CERTIFY, That I attended deceased from Sept 16, 1933, to Oct 7, 1933  
I last saw him alive on Oct 6, 1933 Death is said

to have occurred on the date stated above, at 1 a m.

The principal cause of death and related causes of importance were as follows:

Supper base that  
acid & adderick  
1150  
1180

Other contributory causes of importance:

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_

Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury \_\_\_\_\_

Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? Y. A. C.

If so, specify \_\_\_\_\_

(Signed) C. M. Withers, M. D.

(Address) Sweet Springs

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

THIS IS A PERMANENT RECORD

NOV-10-1933

